## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 244989US2S

First Inventor or Application Identifier Tsuneo INABA

Title MAGNETORESISTIVE RANDOM ACCESS MEMORY DEVICE

					<del>- 2 &amp; -</del>			
See MF	APPLICATION ELEMENTS PEP chapter 600 concerning utility patent application contents	ADDRESS TO:	Commissioner for Mail Stop Patent A Alexandria, Virgini	Application	8 U.S /7014			
	e Transmittal Form (e.g. PTO/SB/17) bmit an original and a duplicate for fee processing)	_	MPANYING APPLIC		1785			
2. <b>S</b> p	ecification Total Sheets 67	8. Applicati	ent Papers (cover short on Data Sheet. See R &3 73(b) Statemen	37 CFR 1.76	))			
3. <b>T</b> Dr	awing(s) (35 U.S.C. 113) Total Sheets 18	10. ☐ English	R. §3.73(b) Statemen e is an assignee) Translation Documer ion Disclosure	nt (if applicable)  Copies of				
	ath or Declaration Total Pages	12. Prelimina	•	Citations (	(5)			
	Newly executed (original or copy)  Copy from a prior application (37 C.F.R. §1.63(d))	Certified	dvance Serial No. Po Copy of Priority Doc					
<b>.</b>	i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	— (if foreign p	oriority is claimed) at claims small entity iR 1.27	status.	!			
	D-ROM or CD-R in duplicate, large table or Computer ogram (Appendix)	16. Other:	Request for Prior	rity, Statement of Rel	evancy			
6. □ No (if a. □	ucleotide and/or Amino Acid Sequence Submission applicable, all necessary)  Computer Readable Form (CRF) pecification or Sequence Listing on :  CD-ROM or CD-R (2 copies); or							
ii.	☐ Paper							
c.								
18. CORRESPONDENCE ADDRESS								
Customer Number $22850$								
(703) 413-3000 FACSIMILE: (703) 413-2220								
Name	: Marvin J. Spivak		Registration No.:	24,913				
Signature	/ has \\ \( \)	Irlland	Date:	11/6/03				
Name	C India Mo	Clolland	Registration No.:					

Registration Number 21,124

Docket No.

244989US2S

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Tsuneo INABA

SERIAL NO:

**New Application** 

FILING DATE: Herewith

FOR:

MAGNETORESISTIVE RANDOM ACCESS MEMORY DEVICE

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUM: FIL		NUMBER EXTRA	RATE			CALCULATIONS
TOTAL CLAIMS	40 -	20 =	20	х	\$18	=	\$360.00
INDEPENDENT CLAIMS	2 -	3 =	0	x	\$86	=	\$0.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable)					\$290	=	\$0.00
■ LATE FILING OF DECLARATION						=	\$130.00
BASIC FEE							\$770.00
TOTAL OF ABOVE CALCULATIONS							\$1,260.00
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	A check in the amount of to cover the filing fee is enclosed.							
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	The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.							
	Respectfully Submitted,							
	OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.							
Dat	ate: 11/6/03 SIMM Gilland							
	Marvin J. Spivak							
	Registration No. 24 913							

Customer Number

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)

C. Irvin McClelland Registration Number 21,124